



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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GOVERNOR

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COMMISSIONER OF INSURANCE

**CARRIERS OFFERING SMALL GROUP HEALTH INSURANCE
IN MASSACHUSETTS FOR COMPANIES WITH BETWEEN
1 AND 50 ELIGIBLE EMPLOYEES**

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Partnership Program and Family Assistance Program)

1. Aetna Life Insurance Company

151 Farmington Avenue
Hartford, CT 06156

Attn: Sarah Krushinskie, Small Group Market
(888) 227-1053

Product Name:

Traditional Choice
Open Choice
Pharmacy Preferred Provider Plan - Massachusetts

Form #:

GR-9
GR-9
GR-9

2. Aetna Health Inc./Corporate Health Insurance Company

151 Farmington Avenue
Hartford, CT 06156

Attn: Sarah Krushinskie, Small Group Market
(888) 277-1053

Product Name:

HEALTH MAINTENANCE ORGANIZATION PLANS
HMO Certificate of Coverage

Form #:

HMO/MA INDCOC-2 (05/01)
& HMO/MA SOB-3 (11/01)

DUAL CERTIFICATE

HMO Certificate of Coverage (in-network)

HMO/MA COC-2 05/01 &
Schedule of Benefits

HMO/MA SOB-3 (11/01)

Corporate Health Ins. Co. Cert. (out-of-ntwk)

CHI/MA INSCT-2-A (7/01)

Schedule of Benefits

Quality Point of Service

CHI/MA SBQPOS-2 (07/01)

Aetna Open Access Quality Point of Service

CHI/MA SBQPOS-2 (07/01)

USACCESS Program

CHI/MA SBQNET-3 (11/01)

3. Blue Cross and Blue Shield of Massachusetts, Inc./HMO Blue

(d/b/a Blue Cross Blue Shield Massachusetts)
401 Park Drive, Landmark Center
Boston, MA 02215

Attn: New Business Sales Group
(800) 262-BLUE [800 262-2583]

Product Name:

HEALTH MAINTENANCE ORGANIZATION PLANS

Access Blue

HMO Blue with Drug Coverage

HMO Blue with Drug Coverage (\$1,000 ded. option)

HMO Blue Value with Prescription Drug Coverage

Form #:

HMO ACCESS (6-1-01 Rev.)

HMO BLUE w/RX (6-1-01 Rev.) R10-026R

HMO BLUE w/RX (6-1-01 Rev.) HMO DED OPT (11-1-02)

HMO BLUE VAL w/ RX (7-1-01 Rev.) R13-440

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

HMO Blue Value Plus with Prescription Drug Coverage HMO BLUE w/ RX coverage (enhanced value option)	HMO BLUE VP w/RX (6-1-01 Rev.) HMO BLUE w/RX 96-1-01 Rev.) HMO BLUE NE ENHANCED (1-1-04)
HMO Blue New England with Prescription Drug Coverage \$10 copay option low option low option 2 enhanced value option	HMO BLUE NE w/RX (6-1-01 Rev.) HMO BLUE NE w/RX (6-1-01 Rev.) R10-026R HMO BLUE NE w/RX (6-1-01 Rev.) R10-350R HMO BLUE NE w/RX (6-1-01 Rev.) R10—609,R13-824 HMO BLUE NE w/RX (6-1-01 Rev.) HMO BLUE NE ENHANCED (1-1-04)
HMO Blue Preferences w/ Prescription Drug Coverage \$350/\$0 option \$600/\$250 option DUAL CERTIFICATE <u>Blue Choice</u> HMO Blue's Blue Choice (in-network) BCBSMA Blue Choice (out-of-ntwk)	HMO BLUE PREF w/RX (1-1-02) HMO BLUE PREF w/RX (1-1-02) BLUE CHOICE HMO w/RX (6-1-01 Rev.) & BLUE CHOICE CMM (6-1-01 Rev.)
<u>Blue Choice low option</u> HMO Blue's Blue Choice (in-network) BCBSMA Blue Choice (out-of-ntwk)	 BLUE CHOICE HMO w/RX (6-1-01 Rev.) w/ R10-467R and R14-008 & BLUE CHOICE CMM (6-1-01 Rev.) w/ R10-170 and R15-323
<u>Blue Choice New England</u> HMO Blue's Blue Choice NE (in-network) BCBSMA Blue Choice NE (out-of-ntwk)	 BLUE CHOICE NE HMO w/RX (6-1-01 Rev.) & BLUE CHOICE NE CMM (6-1-01 Rev.)
<u>Blue Choice New England (low option)</u> HMO Blue's Blue Choice NE (in-network) BCBSMA Blue Choice NE (out-of-ntwk)	 BLUE CHOICE NE HMO w/RX (6-1-01 Rev.) w/ R10-350R BLUE CHOICE NE CMM (6-1-01 Rev.) w/ R10-170 and R15-323
PREFERRED PROVIDER PLANS Blue Care Elect ¹ Preferred 100 Option Preferred 90 Option Preferred 80 Option Preferred 90 with Copay Option Preferred 80 with Copay Option with RX Plan RX-48 (5-1-03) \$1,000, \$2,000 and \$3,000 Deductible options with RX Plan RX-49 (6-15-03)	 BLUE CARE ELECT (6-1-01 Rev.)
COMPREHENSIVE MAJOR MEDICAL PLANS Comprehensive Major Medical Subscriber Certificate \$500 option	 CMM (6-1-01 Rev.)

¹ Form approved on September 28, 2000 and consolidates the following previously approved forms:
Blue Care Elect PPO 1(7-1-98); PPO 90 (7-1-98); PPO 80 (7-1-98) and PPO Pref (7-1-98).

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

4. The Chesapeake Life Insurance Company

P.O. Box 982010
No. Richland Hills, TX 76182-8010

Attn: Kathy Melish
(508) 668-1951

Product Name:

Basic Hospital - Medical Expense Plan
Hospital/Surgical Med. Expense Plan w/ Preferred Provider Benefits

Form #:

CH-25147(5/92)-MA
CH-25528-MA-7/01

5. ConnectiCare of Massachusetts, Inc.

175 Scott Swamp Road
Farmington, CT 06032-3124

Attn: Mr. Michael Slater
Small Group Account Executive
(860) 409-6408 or (800) 723-2986

Product Name:

HMO Open Access Plan
HMO Open Access [DEDUCTIBLE] Benefit Plan
HMO Personal Care Plan
Point of Service Open Access Plan
Point of Service Personal Care Plan

Form #:

CMI/HMO 01 (1/2004) ²
CMI/HMO [DEDUCTIBLE] 01 (1/2004)
CMI/HMOPCP 01 (1/2004)
CMI/POS 01 (1/2004)
CMI/POSPCP 01 (1/2004)

6. Fallon Community Health Plan, Inc. ³

10 Chestnut Street
Worcester, MA 01608-2810

Attn: Small Group Marketing
(508) 799-2100 x69434
(800) 333-2535 x69434

Product Name:

HEALTH MAINTENANCE ORGANIZATION PLANS

FCHP Fallon Select Care ⁴
FCHP Fallon Direct Care ⁵

DUAL CERTIFICATE

FCHP Fallon Select Care (in-network)
Fallon Health & Life Assurance Co. (out-of-ntwk)
FCHP Fallon Direct Care (in-network)
Fallon Health & Life Assurance Co.(out-of-ntwk)

Form #:

A1944
A2055
A1944 &
A1573
A2055 &
A1573

² Form approved on March 29, 2000 and replaces originally approved form #CMI/HMO (1/97).

³ As allowed by law, Fallon Community Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following: Better Business Bureau of Central New England, Inc., Massachusetts Business Association, Small Business Service Bureau, The Employers Association or a local chamber of commerce.

⁴ Select Care product (Form# A1944) was approved on April 4, 2002 and replaced the previously approved Fallon HMO product (Form# A0790) upon group anniversary.

⁵ The Fallon Direct Care Provider network represents a subset of the Fallon HMO Select Care Provider network. Please call the carrier directly if you have any questions about whether the Fallon Direct Care Provider network is specifically available in your area.

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

7. **Fallon Health & Life Assurance Company**⁶

10 Chestnut Street
Worcester, MA 01608-2810

Attn: Small Group Marketing
(508) 799-2100 x69434
(800) 333-2535 x69434

Product Name:
Fallon Preferred Care

Form #:
A3749

8. **Fortis Benefits Insurance Company**

c/o Rogers Benefit Group
40 Washington Street
Wellesley Hills, MA 02181

Attn: Jeff Hogan
(781) 431-2166

Product Name:
Preferred Provider Plan w/ Private HealthCare Systems
Preferred Provider Plan w/ HealthCare Value Management, Inc.

Form #:
C61.100.SIG.ZZ
C61.100.SIG.ZZ

9. **Fortis Insurance Company**

501 West Michigan
Milwaukee, WI 53201

Attn: Customer Advisors
(800) 800-8463 x3980

Product Name:
Group Portfolio
Group Portfolio with a PPO Option

Form #:
20735
20735

10. **GE Group Life Assurance Company**

175 Federal Street, Suite 1210
Boston, MA 02110

Attn: Patricia Purdy
Regional Sales Director
(800) 346-1233

Product Name:
The Mediator
Comp. Cost Cont. with a Preferred Provider Option (PPO)

Form #:
GC-C-1.1 et al.
GC-C-1.1 et al.

11. **The Guardian Life Insurance Company of America**

One Liberty Square, 3rd Floor
Boston, MA 02109

Attn: Dan Shea
(617) 482-2693

Product Name:
Group Indemnity
Guardian Medical PPO

Form #:
GP-1R3-1.0 et al.
GP-1R3-1.0 et al.

⁶ Effective October 1, 2003, Fallon Health & Life Assurance Company, as allowed by law, will require groups with five or fewer eligible employees to enroll through the following: Better Business Bureau of Central New England, Inc., Massachusetts Business Association, Small Business Service Bureau, The Employers Association or a local chamber of commerce.

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

12. **Harvard Pilgrim Health Care, Inc.** ⁷

(d/b/a Harvard Community Health Plan)
93 Worcester Street
Wellesley, MA 02481-9181

Attn: Harvard Pilgrim Sales Department
(800) 848-9995

Product Name:

Form #:

HEALTH MAINTENANCE ORGANIZATION PLANS

Premier HMO 10 ⁸

MAHMO2001; 113; MAHMOad2001

Value HMO 15⁹

MAHMO2001; 113; MAHMOad2001

Affordable HMO 20 ¹⁰

MAHMO2001; 113; MAHMOad2001

Affordable HMO 25

MAHMO2001; 113; MAHMOad2001

Best Buy HMO 500

MAHMO2001; 114; MAHMOad2001

Best Buy HMO 1000

MAHMO2001; 114

Best Buy HMO 2000

MAHMO2001; 114

DUAL CERTIFICATE

Premium POS

MAPOSi2001; POSSOBi2001;

Harvard Pilgrim Health Care, Inc. (in-network)

MAPOSadi2001

HPHC Insurance Company, Inc. (out-of-network)

MAPOSo2; POSSOBo2001; MAPOSado2001

Value POS ¹¹

MAPOSi2001; POSSOBi2001;

Harvard Pilgrim Health Care, Inc. (in-network)

MAPOSadi2001

HPHC Insurance Company, Inc. (out-of-network)

MAPOSo2; POSSOBo2001; MAPOSado2001

PREFERRED PROVIDER PLANS

Premium PPO 10 ¹²

MAPPO0701; 100; PPOad0701

Value PPO 15 \$250 admission

MAPPO0701; 100; PPOad0701

Value PPO 20

MAPPO0701; 100; PPOad0701

Best Buy PPO 500

MAPPO0701; MABBPPPOSOB81REV1;
PPOad0701

Best Buy PPO 1000

MAPPO0701; MABBPPPOSOB82REV1;
PPOad0701

Best Buy PPO 2000

MAPPO0701; MABBPPPOSOB84REV1;
PPOad0701

⁷ As allowed by law, Harvard Pilgrim Health Care, Inc. ("HPHC") requires groups with five or fewer eligible employees to enroll through the following: MBA Group LLC, Northeast Business Trust, Pilgrim Foundation Insurance Agency, Inc., or the Small Business Service Bureau. Groups of five or fewer eligible employees electing to offer a preferred provider plan product may enroll directly through HPHC.

⁸ Previously approved plan known as Value Plan Plus (form # MAHP1HC; MAGSB1 and MAHMO3T2).

⁹ Previously approved plan known as Value Plan Standard (Form # MAHP1H3; MAGSB1 and MAHMO3T2).

¹⁰ Previously approved plan known as Value Plan Economy (Form # MAHP1H3; MAGSB1 and MAHMO3T2).

¹¹ Previously approved plan known as Value Plan Choice (Form# MAMAGPOS1a ; MAGPOSSB1a; MAGPOS1b; MAGPOSSB1b and MAPOS3T2b).

¹² Previously approved plan known as Harvard Pilgrim PPO (Form# MAGPPO1; MAGPPOSB and MAPPO3T2).

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

13. **Health New England, Inc.**¹³

One Monarch Place
Springfield, MA 01144-1006

Attn: Sandy Stankiewicz
(413) 787-4000 x3373

Product Name:

HEALTH MAINTENANCE ORGANIZATION

HMO Option 2
HMO Option 3
HMO Option 3.5
HMO Option 4
HMO Option 5
HMO Option 6
HMO Option 7
HMO Option 8
HMO Option 9
HMO Option 10

PREFERRED PROVIDER PLANS

Advantage II
EOC/Advantage Plus
Premier PPO

Form #:

Option 2 (HMO2-2001)
Option 3 (HMO3-2001)
Option 3.5
Option 4(HMO4-2001)
Option 5 (HMO5-2001)
Option 6 (HMO6-2001)
Option 7 (HMO7-2002)
Option 8 (HMO8-2002)
Option 9 (HMO9-2002)
Option 10 (HMO10-2002)

Advantage 2 (POS2-2002)
HNEPOSPLUS-04
HNE/PHCS-PPO-04

14. **John Alden Life Insurance Company**

1900 West Park Drive, Suite 105
Westborough, MA 01581

Attn: John Scanlon
(800) 234-6762

Product Name:

INDEMNITY PLAN

Spectrum Non-PPO Certificate

Form #:

J-3000-CC (MA) 1/93

PREFERRED PROVIDER PLANS

Spectrum PPO Certificate
Spectrum PPO Plus Certificate
JAHP PPO/PPO+
JAHP PHN
JAHP Gatekeeper/Gatekeeper Plus

J-3000-CC (MA) (PPO) 6/93 Spectrum (MA) (PPO) 6/93
J-3000-CC (MA) (PPO) 6/93 Spectrum (MA) (PPO) 6/93
J-3050-CC
J-3050-CC
J-3050-CC

¹³ As allowed by law, Health New England, Inc. requires groups with five or fewer eligible employees to enroll through the following: Massachusetts Business Association.

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

15. The MEGA Life and Health Insurance Company

401 Main Street, Suite 102

P.O. Box 2192

Salem, NH 03079

Attn: Association Services

(800) 201-3003

Product Name:

Basic Hospital Expense Plan

Basic Hospital-Medical Expense Plan

Basic Hospital/Medical Surgical Expense Certificate

Catastrophic Hospital Expense Plan

Catastrophic Hospital Expense Plan

Major Medical Expense Insurance

Major Medical Expense Insurance

Preferred Provider Organization Network Plan

Expandable Major Hospital Expense Certificate

Expandable Major Hospital Expense Plan

Prescription Drug Expense Plan

Small Employer Group Legend Prescription Drug Expense

Form #:

25311

SG147-MA

25875-C-MA

25312

25876-C-MA

GMMA 396 CERT

GMMA IND-96 CERT

PPO 2 895 CERT

SG-PMH NSF CERT MA

25313

25604-MA-7/01

25891-C-MA

16. Mid-West National Life Insurance Company of Tennessee

P.O. Box 982010

No. Richland Hills, TX 76182-8010

Attn: Kathy Melish

(508) 668-1951

Product Name:

Basic Hospital – Medical Expense Plan

Hospital Surgical Plan w/Preferred Provider Benefits

Basic Hospital/Medical-Surgical Expense Certificate

Small Employer Group Catastrophic Major Medical Expense Plan Certificate

Form #:

MWSG147-MA

MWSG528-4-MA

25906-C-MA

MW-25939-C-MA

17. Neighborhood Health Plan, Inc.¹⁴

253 Summer Street

Boston, MA 02210-1120

Attn: John Rossetti

(617) 772-5723

Product Name:

Neighborhood Health Plans for Small Business

Option 1; Option 2 & Option 3

Form #:

¹⁴ As allowed by law, Neighborhood Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following: Dorchester Board of Trade, Massachusetts Business Association, Small Business Service Bureau and U.S. Federation of Small Business, Inc., National Association of Socially Responsible Organizations and Northeast Business Trust.

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

18. New England Life Insurance Company

c/o Health Plan Services
3501 Frontage Road
Tampa, FL 33607

Attn: Customer Services
(800) 654-1731

Product Name:

Major Medical Plan
Preferred Provider Plan
CoPay Plus PPO Plan 80/60
CoPay Plus PPO Plan 90/70

Form #:

CERT500-50.2 - Rev. 1/89
CERT500R-302MA - Rev. 1/89 Plan L et al.
R456TNT80-6 Schedule Rider
R456TNT90-7 Schedule Rider

19. Tufts Associated Health Maintenance Organization, Inc.¹⁵

(d/b/a Tufts Health Plan)
333 Wyman Street
P.O. Box 9112
Waltham, MA 02454-9112

Attn: Small Group Sales
(781) 466-1070 x2397

Product Name:

HEALTH MAINTENANCE ORGANIZATION
Premium Plan Certificate of Coverage
Value Plan Certificate of Coverage
Basic Plan Certificate of Coverage
PREFERRED PROVIDER PLANS
Small Group PPO Plan
Point of Service Option Certificate of Coverage

Form #:

EC-MASSHMO-001 Ed. 7-2004
EC-MASSHMO-002 Ed. 7-2004
EC-MASSHMO-003 Ed. 7-2004

MA-PPO-002/003 Ed. 1-2004
CC-MAPOS-001 Ed. 1-2004

20. Tufts Insurance Company¹⁶

(d/b/a Tufts Health Plan)
333 Wyman Street
P.O. Box 9089
Waltham, MA 02454-9089

Attn: Small Group Sales
(781) 466-1070 x2397

Product Name:

Advantage PPO
Option 1 – Out of network deductible
Option 2 – Combined in and out-of-network deductible
Option 3 – Separate in and out-of-network deductible
Option 4 – Separate in and out-of-network deductible
Option 5 – Liberty Plan - Combined in and out-of-network deductible

Form #:

MA-TICOPPO-001 Ed.7-2004¹⁷

21. UniCARE Life and Health Insurance Company

Group Association Services
Two Constitution Plaza, 2nd Floor
Charlestown, MA 02129

Attn: Customer Service
1-877-861-5133

¹⁵ As allowed by law, Tufts Associated Health Maintenance Organization, Inc. (TAHMO) requires groups with five or fewer eligible employees to enroll through the following: Massachusetts Business Association, North Central Massachusetts Chamber of Commerce, Northeast Business Trust or the Small Business Service Bureau.

¹⁶ As allowed by law, Tufts Insurance Company requires groups with five or fewer eligible employees to enroll through the following: Massachusetts Business Association, North Central Massachusetts Chamber of Commerce, Northeast Business Trust or the Small Business Service Bureau.

¹⁷ Form approved on October 8, 2003 and replaces originally approved form # MA-TICOPPO-001 Ed.4-2003.

Small Group Health Insurance Carriers in Massachusetts

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

Product Name:

Indemnity Plans

\$1,000 Deductible Major Medical Plan

\$2,000 Deductible Major Medical Plan

Form #:

GCR 100 et al.

22. **United HealthCare Insurance Company**

475 Kilvert Street

Warwick, RI 02886-1392

Attn: Small Group Sales

888 735-5842 option 4

Product Name:

Managed Indemnity

Select Plus

Choice Plus

Options PPO

Options PPO 80/80

Form #:

ManInd.I.01.MA

SELECTP.I.01.MA

CHOICEP.I.01.MA

OPTIONSPPO.I.01.MA

OPTIONS80/80.I.01.MA

23. **UnitedHealthcare of New England, Inc.**

475 Kilvert Street

Warwick, RI 02886-1392

Attn: Small Group Sales

888 735-5842 option 4

Product Name:

HEALTH MAINTENANCE ORGANIZATION PLANS

Choice

United HealthCare of New England, Inc.

Certificate of Coverage for Choice

Choice.H.01.MA

Select

United HealthCare of New England, Inc.

Certificate of Coverage for Select

Select.H.01.MA

DUAL CERTIFICATE

Choice Plus

United HealthCare of New England, Inc.

Certificate of Coverage for Choice &

United HealthCare Insurance Company

Certificate of Coverage for Choice Plus

Choice.H.01.MA

&

Plus.P.01.MA

Select Plus

United HealthCare of New England, Inc.

Certificate of Coverage for Select &

United HealthCare Insurance Company

Certificate of Coverage for Select Plus

Select.H.01.MA

&

Plus.P.01.MA